



Fee
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205 1/27
[10191/2064] *Edw*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) : Thomas BRINZ

Serial No. : 10/032,973

Filed : October 24, 2001

For : DEVICE FOR TESTING A MATERIAL THAT
CHANGES SHAPE WHEN AN ELECTRIC
AND/OR MAGNETIC FIELD IS APPLIED

Examiner : Mirellys Jagan

Art Unit : 2859

I hereby certify that this correspondence is being deposited with the
United States Postal Service with sufficient postage as first class mail
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Mail Stop *Amendment*
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
on

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date *17 June 2004* Atty's Reg. # *36,098*

Atty's Signature

MICHELLE M. GARNIAUX
KENYON & KENYON

AMENDMENT

06/24/2004 RMEKONEN 00000133 110600 10032973

01 FC:1251 110.00 DA

SIR:

This paper addresses the Office Action of March 2, 2004. Applicant respectfully requests reconsideration of the above-identified application as set forth in the Remarks below. Initially, please amend the above-identified application as set forth below.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings begin on page 7 of this paper and include an attached replacement sheet.

Remarks begin on page 8 of this paper.

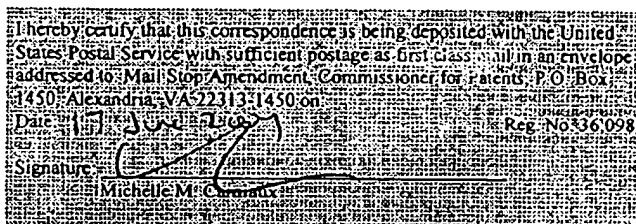


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Mail Stop Amendment
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P.O. Box 1450
Alexandria, VA 22313-1450



TRANSMITTAL

SIR:

Please find an Amendment transmitted herewith for filing in the above-identified patent application.

Applicants hereby request a one-month extension of time for responding to the Office Action of March 2, 2004. The extended period for response expires on July 2, 2004. Please charge the \$110.00 extension fee and any other fee that may be required to Deposit Account No. 11-0600. A duplicate of this Transmittal is enclosed.

Respectfully submitted,

KENYON & KENYON

Dated: 17 Jun 2004

By: [Signature] (A N 26094)

Richard L. Mayer
Reg. No. 22,490

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CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 21	Minus ** 21	= /
Independent	* 2	Minus *** 3	= /
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	\$385	OR	BASIC FEE	\$770
X\$9=		OR	X\$18=	
X\$13=		OR	X\$86=	
+145=		OR	+890=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$9=		OR	X\$18=	
X\$13=		OR	X\$86=	
+145=		OR	+890=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

Amended 6/21/04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 25	Minus ** 21	= 4
Independent	* 2	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$9=		OR	X\$18=	72
X\$13=		OR	X\$86=	
+145=		OR	+890=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$9=		OR	X\$18=	
X\$13=		OR	X\$86=	
+145=		OR	+890=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.